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**** CONTINUING DATA ******* *916*
 This appln claims benefit of 60/425,878 11/13/2002

**** FOREIGN APPLICATIONS ******* *916*
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 03/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i>	STATE OR COUNTRY MA	SHEETS DRAWING 10	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 10
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ADDRESS
28120

TITLE
Compositions and methods for treating or preventing hearing impairment

FILING FEE RECEIVED 2188	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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